

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>ju</i>	75351	
<b>O.I.P.E. CLASSIFIER</b>			92-1000
<b>FORMALITY REVIEW</b>	CM	71632	2/25/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/26/00
2	✓	✓	1/26/00
3	✓	✓	1/26/00
4	✓	✓	1/26/00
5	✓	✓	1/26/00
6	✓	✓	1/26/00
7	✓	✓	1/26/00
8	✓	✓	1/26/00
9	✓	✓	1/26/00
10	✓	✓	1/26/00
11	✓	✓	1/26/00
12	✓	✓	1/26/00
13	✓	✓	1/26/00
14	✓	✓	1/26/00
15	✓	✓	1/26/00
16	✓	✓	1/26/00
17	✓	✓	1/26/00
18	✓	✓	1/26/00
19	✓	✓	1/26/00
20	✓	✓	1/26/00
21	✓	✓	1/26/00
22	✓	✓	1/26/00
23	✓	✓	1/26/00
24	✓	✓	1/26/00
25	✓	✓	1/26/00
26	✓	✓	1/26/00
27	✓	✓	1/26/00
28	✓	✓	1/26/00
29	✓	✓	1/26/00
30	✓	✓	1/26/00
31	✓	✓	1/26/00
32	✓	✓	1/26/00
33	✓	✓	1/26/00
34	✓	✓	1/26/00
35	✓	✓	1/26/00
36	✓	✓	1/26/00
37	✓	✓	1/26/00
38	✓	✓	1/26/00
39	✓	✓	1/26/00
40	✓	✓	1/26/00
41	✓	✓	1/26/00
42	✓	✓	1/26/00
43	✓	✓	1/26/00
44	✓	✓	1/26/00
45			
46			
47			
48			
49			
50			

Claim	Final	Original	Date
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

Claim	Date
Final	Original
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)